24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
National Nurses United for Patient Protection	C C00490375					
	G 355-555/5					
Check if X 24-hour report 48-hour report New report Amends re	port filed on					
Full Name of Payee National Nurses United	Date of Public Distribution/Dissemination					
Ivational ivuises officed	05 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 155 Grand Avenue	Amount					
City State Zip Code	627.75					
Oakland CA 94612	Transaction ID : D735231 Date of Disbursement or Obligation					
Purpose of Expenditure Payroll Category/ Type	05 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support	Office Sought: House District: 00					
Bernie Sanders Oppose	President Senate State: CA					
Calendar Year-To-Date Per Election for Office Sought 4606.26	Disbursement For:					
Full Name of Payee	Date of Public Distribution/Dissemination					
National Nurses United	05 18 2016					
Mailing Address 155 Grand Avenue	Amount					
City State Zip Code	75.00					
Oakland CA 94612	Transaction ID: D735232 Date of Disbursement or Obligation					
Purpose of Expenditure Online Ad Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support	Office Sought: House District: 00					
Bernie Sanders Oppose	President Senate State: DC					
Calendar Year-To-Date Per Election for Office Sought 75.00	Disbursement For:					
(a) SUBTOTAL of Itemized Independent Expenditures	···· > 702.75					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Martha Kuhl [Electronically Filed] Da	tte 05 / 20 / 2016					
Signature						

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	ENDENT EXICIO	ITOTILO		PAGE 2 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) National Nurses United for Pa	tient Protection		FEC I	DENTIFICATION NUMBER ▼	
National Nuises Officed for Fa	illent Frotection		С	C00490375	
Check if 24-hour report 48-hour	report New rep	ort Amends repo	ort filed on	/	
Full Name of Payee Campaign Workshop			Date of Publ	ic Distribution/Dissemination	
Mailing Address 1129 20th Street, Suite	200		Amount	20 2010	
City	State	Zip Code		30364.00	
Washington	DC	20036		ID: D735235 bursement or Obligation	
Purpose of Expenditure Printing		Category/ Type	M M 05	18 2016	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
BERNARD SANDERS		Oppose	> President	Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		30364.00	Disbursement For: 2016 Other (s	Primary General pecify) ▶	
Full Name of Payee			Date of Pub	lic Distribution/Dissemination	
Alliance Graphics			05	20 / 2016	
Mailing Address 1101 8th Street			Amount		
City	State	Zip Code		3848.51	
Berkeley	CA	94710	Transaction Date of Disk	ID: D735324 oursement or Obligation	
Purpose of Expenditure Printing		Category/ Type	05 05	19 / 2016	
Name of Federal Candidate		X Support	Office Sought:	House District: 00	
Bernie Sanders		Oppose	President	Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		4606.26	Disbursement For: 2016 Other (s	Primary General Specify) ▶	
(a) SUBTOTAL of Itemized Independent	Expenditures		>	34212.51	
(b) SUBTOTAL of Unitemized Independent	nt Expenditures			A 1 490 1 420	
(c) TOTAL Independent Expenditures			•	42	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Martha Kuhl Signature	[Electron	ically Filed] Date	05 20	2016	
•					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

outcaute Ly				FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)	tion		FEC II	DENTIFICATIO	N NUMBER ▼
National Nurses United for Patient Protect	uUI1		С	C00490375	
Check if 24-hour report 48-hour report	New report Am	nends report file	d on Man	/ D = D /	Y = Y = Y
Full Name of Payee			Date of Publi	ic Distribution/[Dissemination
National Nurses United			05	19	2016
Mailing Address 155 Grand Avenue			Amount		
City Stat	e Zip Code		1		100.00
Oakland CA	·			ID: D735328 ursement or O	
Purpose of Expenditure Online Ad	Category/ Type		05	19	2016
Name of Federal Candidate		Support Office	ce Sought:	House [District: 00
Bernie Sanders			President	Senate	State: CA
Calendar Year-To-Date	4606.26		oursement For:	Primary	General
Per Election for Office Sought	4000.20	2010	Other (sp	pecify)	
Full Name of Payee Javier Moreno Polllaroio			M - M	lic Distribution/[Y = Y = Y
Mailing Address 1521 3rd Ave			O5 Amount	20	2016
City Stat	te Zip Code		1		30.00
Oakland CA	•		Transaction I	D: D735447 oursement or O	bligation
Purpose of Expenditure Translation Services	Category/ Type		Date of Disb	20	2016
Name of Federal Candidate		Support Office	ce Sought:	House [District: 00
Bernie Sanders				Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought	4606.26	004		Primary pecify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures		·····	7	7	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures		·····	7		
(c) TOTAL Independent Expenditures		—			35045.26
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Martha Kuhl	[Electronically Filed]		05 / 20	2016	
Signature		Dale	20	2010	
		1			

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